

APPENDIX A

SEMIANNUAL ROOF CHECKLIST FM-MSE - 0010

SEMIANNUAL ROOF CHECKLIST

TA: _____ Log # _____ Roof Section: _____ Inspection Date: _____
 Bldg: _____ Roof Type: _____ Inspector: _____

	Problems			Problems - Resolutions	Date of Repair
	OK	Minor	Major		
A. ROOF ACCESS (if provided):					
1. Ladder/Stairway is Unobstructed _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2. Rungs/Stairs are Secure and Functioning Properly _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3. Hatch/Access Door is Functioning Properly _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
B. ROOF SURFACE:					
<i>Remove;</i>					
1. Debris, Trash, and Unauthorized Items _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2. Vegetation _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
C. DRAINS, SCUPPERS, AND CANALES:					
<i>Remove;</i>					
1. Dirt, Debris, Trash, all Obstructions to Draining _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<i>Adjust;</i>					
2. Strainers _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<i>Verify;</i>					
3. Drains are not clogged _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
D. ROOF PARAMETER (Anchorage to the building and weather readiness):					
INSPECT AND REPAIR AS NECESSARY;					
1. Gutters and Downspouts _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2. Fascia _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3. Stack/Equipment Supports _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
E. ROOF PENETRATIONS:					
1. Pipes/Vents _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2. Electrical Conduit _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
F. EQUIPMENT:					
1. Access Covers _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2. Weeps/Drains _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3. Ducting _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4. Support/Pitch Pan Flashing _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
G. EXTERIOR WALLS:					
1. Stained _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2. Damaged _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
H. INTERIOR WALLS AND CEILING:					
<i>Walls:</i>					
1. Stained _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2. Damaged _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<i>Ceilings:</i>					
3. Stained _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4. Damaged _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
I. ACCESSORIES:					
1. Guy Wire Tension _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2. Heat Tape _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3. Pipe/Conduit Supports _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4. Walkway _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5. Skylights _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
J. OTHER DEFICIENCIES:					
_____	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____

Form – FM-MSE-0010

APPENDIX B

PM ROOF INSPECTION FORM FM-MSE - 0011